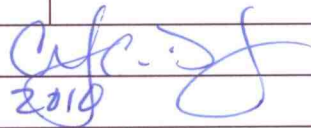


<p align="center">POLICY OF</p> <p align="center">STATE OF DELAWARE</p> <p align="center">DEPARTMENT OF CORRECTION</p>	<p align="center">POLICY NUMBER</p> <p align="center">8.34</p>	<p align="center">PAGE NUMBER</p> <p align="center">1 of 2</p>
	<p>RELATED ACA STANDARDS:</p> <p>2-CO-1C-01</p>	
<p>CHAPTER: 8</p>	<p>SUBJECT:</p> <p align="center">Shift Trade</p>	
<p>APPROVED BY THE COMMISSIONER: </p>		
<p>EFFECTIVE DATE: <i>January 2019</i></p>		
<p>APPROVED FOR PUBLIC RELEASE</p>		

I. AUTHORITY: 11 Del. C. 6517, 29 Del. C. 8903

II. PURPOSE: To establish a procedure to ensure accountability in shift trade situations.

III. APPLICABILITY: All Department employees

IV. DEFINITIONS: None

V. POLICY: It is the policy of the Department of Correction to allow the trading of shifts between employees with the proper approvals in order to assist employees in obtaining specific time off. The operational needs of the facility must be taken into consideration in the approval process.

The following procedures must be included in all Bureau-level Policy and Procedure manuals.

VI. PROCEDURES

A. Employees desiring to trade shifts must make the request using the Shift Trade Form 8.34A (copy attached).

B. The employees must be in the same bargaining unit, no more than one rank above or below.

C. The completed form is submitted to the appropriate shift commander(s) for approval at least seven (7) days in advance.

D. If two shift commanders are involved, both must approve the request.

E. Distribution of the approved form will be in accordance with institutional procedures.

F. The employee originally scheduled for the shift will be credited with working that shift and will be the responsible employee in case of absenteeism.

G. Shift trades must be accomplished within the same pay period.

H. Shift trades must be worked as approved; employees may not compensate each other in lieu of working the shift.

SHIFT TRADE FORM

TO: Shift Commander (s)

(Shift) Shift: _____
(Name)

(Shift) Shift: _____
(Name)

FROM: _____ / _____
(Rank) (Full Name)

(Rank) (Full Name)

DATE: _____

SUBJ: Shift Trade(s) Request

1. It is hereby requested that we the undersigned be permitted to shift trade on the dates/shifts indicated below:

a. _____ will work on _____ / _____
(Name) (Shift) (Date)

for _____
(Name)

b. _____ will work on _____ / _____
(Name) (Shift) (Date)

for _____
(Name)

2. We the undersigned fully understand that it is our individual responsibility (person scheduled for the given shift/date) for absenteeism and/or in case of no show.

Approved/Disapproved

(Signature)

(Signature)

(Printed Name)

(Printed Name-Assigned Shift Comm)

(Signature)

(Signature)

(Printed Name)

(Printed Name Assigned Shift Comm)

cc: Original to payroll
Copies- each shift schedule/dates indicated